DEPARTMENT OF DEFENSE PROGRAM MANAGER/ DEPUTY PROGRAM MANAGER - WAIVER REQUEST					DD-P&R(Q&A)1841	
COMPONENT/ORGANIZATION						
1. TO (Component Acquisition Executive (CAE))			2. VIA (Director, Acquisition Career Management (DACM))			
3. COPY TO (USD(A)AET&CD)			4. FROM (Organization and Address)			
	D PERSONAL DATA					
5. NAME (Last, First, Middle Initial)			6. GRADE/RANK 7.			7. SSN
B. ACQUISITION CAREER FIELD 9. OCCUPATIONAL SER			ES/SPECIALTY 10. CURRENT POSITION TITLE			
1. POSITION NUMBER 12. ACQUISITION PROGRAM 4. MILESTONE STATUS/DATE (YYYYMM)			POSITION (X one) MAJOR DEFENSE ACQUISITION PROGRAM (ACAT I) SIGNIFICANT NON-MAJOR DEFENSE ACQUISITION PROGRAM APPOINTMENT TO (X one) PROGRAM MANAGER DEPUTY PROGRAM MANAGER			
			EQUEST			
			EARS' EXPERIENCE IN A OFFICE OR EQUIVALENT			ABSENCE OF EIGHT YEARS' ACQUISITION EXPERIENCE
17. FOR SIGNIFICANT NON-MAJOR DEFENSE ACQUISITION PROG NON PROGRAM MANAGEMENT COURSE GRADUATE ABSENCE OF SIZ			RAM (X one or more) (YEARS' ACQUISITION EXPERIENCE			BSENCE OF ACQUISITION CORPS MEMBERSHIP (X if applicable)
19. REQUEST BASED ON DETERMINATION TI FOR MEETING THE EDUCATION, TRAININ						
a. TYPED NAME	b. GRADE		c. ORGANIZATIO)N		
						DATE ON ORGANIZATION
d. SIGNATURE						e. DATE (YYYYMMDD)
21. APPROVING OFFICIAL (Acquisition Execut	ive/DACM)					<u>l</u>
a. TYPED NAME	b. SIGNATURE					c. DATE (YYYYMMDD)